## **Health Care Coverage Exemption**

| Coverage Exemption   | Granted by<br>Marketplace | Claimed on tax return | Code for<br>Exemption  |
|--|---------------------------|-----------------------|------------------------|
| <b>Coverage is considered unaffordable</b> — You cannot afford coverage because the minimum amount you must pay for premiums is more than 8% of your household income.   |                           | 1                     | А                      |
| <b>Short coverage gap</b> — You went without coverage for less than 3 consecutive months during the year.  |                           | 1                     | В                      |
| Citizens living abroad and certain noncitizens — You are:  • a U.S. citizen or resident who spent at least 330 full days outside of the U.S. during a 12–month period,  • a U.S. citizen who is a bona fide resident of a foreign country or U.S. territory, or  • neither a U.S. citizen or U.S. national nor an alien lawfully present in the U.S. |                           | 1                     | С                      |
| <b>Household income below the filing threshold</b> — Your household income is below the minimum threshold for filing a tax return.   |                           | 1                     | No Code<br>See Part II |
| Members of a health care sharing ministry — You are a member of a health care sharing ministry.  | ✓                         | 1                     | D                      |
| <b>Members of Federally-recognized Indian tribes</b> — You are a member of a Federally-recognized Indian tribe.  | 1                         | 1                     | E                      |
| Incarceration — You are in a jail, prison, or similar penal institution or correctional facility after the disposition of charges.   | ✓                         | 1                     | F                      |
| Members of certain religious sects — You are a member of a recognized religious sect.  | 1                         |                       | No Code<br>See Part I  |
| Limited benefit Medicaid and TRICARE programs — You are enrolled in certain types of Medicaid and TRICARE programs that are not minimum essential coverage. (Available only in 2014.)  | -                         | 1                     | Н                      |
| Fiscal year employer–sponsored plan — You were eligible, but did not purchase, coverage under an employer plan with a plan year that started in 2013 and ended in 2014. (Available only in 2014.)  |                           | 1                     | Н                      |
| Hardships:   |                           |                       |                        |
| Two or more family members' aggregate cost of self-only employer-sponsored coverage is more than 8% of household income, as is the cost of any available employer-sponsored coverage for the entire family.  |                           | 1                     | G                      |
| You purchased insurance through the Marketplace during the initial enrollment period but have a coverage gap at the beginning of 2014.   |                           | 1                     | G                      |
| <ul> <li>You applied for CHIP coverage during the initial open enrollment period and were found<br/>eligible for CHIP based on that application but have a coverage gap at the beginning of<br/>2014.</li> </ul>   |                           | 1                     | G                      |
| You are an American Indian, Alaska native, or a spouse or descendent of either who is eligible for services through an Indian health care provider.  | <b>√</b>                  | 1                     | E                      |
| Your gross income is below the filing threshold.   |                           | 1                     | No Code<br>See Part II |
| You are experiencing circumstances that prevent you from obtaining coverage under a qualified health plan.   |                           |                       | No Code<br>See Part I  |
| You do not have access to affordable coverage based on your projected household income.  | <b>√</b>                  |                       | No Code<br>See Part I  |
| You are ineligible for Medicaid solely because the state in which you live does not participate in the Medicaid expansion under the Affordable Care Act.   | 1                         |                       | No Code<br>See Part I  |
| You have been notified that your health insurance policy will not be renewed and you consider the other plans available unaffordable.  | ✓                         |                       | No Code<br>See Part I  |